

INVOICE
John Good, CI/CT
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Bill To:

DMHDDSAS
3005 MSC
Raleigh, NC 27699-3005
Attn: Brad Trotter

Services Requested By:

ACME Mental Health Services
543 Spring Street
Raleigh, NC 27609

RE: Unique Client ID#: _____
(Or Provider Consumer Record Number if Unique Client ID is unavailable)

Date of Invoice: 7/1/2008

Invoice Number: 2008-123

Date of Assignment: 7/1/2008

Length of Assignment: 2 hours

Hourly Pay Rate: \$35

Total Interpreting Charges: \$70

Total mileage (miles x .505): 12 miles = \$6.06

Total Invoice Amount: \$76.06

Assignment description: Interpreting services provided at Acme Mental Health.

Signed: John Good

SSN: 123-45-6789